

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan; or ☐ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>EMPLOYMENT ENTERPRISES, INC. 401(K)/PROFIT-SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>EMPLOYMENT ENTERPRISES, INC.</u> <u>10328 BATTLEVIEW PARKWAY</u> <u>MANASSAS, VA 20109</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-1487514</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>703-361-2220</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>561300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1487514</u>	2c Sponsor's telephone number <u>703-361-2220</u>	2d Business code (see instructions) <u>561300</u>	
2b Employer Identification Number (EIN) <u>54-1487514</u>					
2c Sponsor's telephone number <u>703-361-2220</u>					
2d Business code (see instructions) <u>561300</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	SHALOM WILBURN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EMPLOYMENT ENTERPRISES, INC. 10328 BATTLEVIEW PARKWAY MANASSAS, VA 20109	3b Administrator's EIN 54-1487514 3c Administrator's telephone number 703-361-2220
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1240
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	889
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	140
d Subtotal. Add lines 6a , 6b , and 6c	6d	1029
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1029
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	389
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	7

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

<div>A</div> <div>Name of plan</div> <div>EMPLOYMENT ENTERPRISES, INC. 401(K)/PROFIT-SHARING PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>EMPLOYMENT ENTERPRISES, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>54-1487514</div>

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☐ Yes

☒ No

b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SLAVIC INTEGRATED ADMINISTRATION

1075 BROKEN SOUND PARKWAY NW
STE 100
BOCA RATON, FL 33487

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 27 37 38 50	TPA	71094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

SLAVIC MUTUAL FUND MANAGEMENT CORP

1075 BROKEN SOUND PARKWAY NW
STE 100
BOCA RATON, FL 33487

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	MANAGED ACC FEE	7187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan EMPLOYMENT ENTERPRISES, INC. 401(K)/PROFIT-SHARING PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYMENT ENTERPRISES, INC.	D Employer Identification Number (EIN) 54-1487514	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	19723	184547
(2) Participant contributions	1b(2)	73974	95244
(3) Other.....	1b(3)	1380	1791
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	70046	138757
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4308106	9428321
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4473229	9848660

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4473229	9848660
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	618167	
(B) Participants	2a(1)(B)	1540141	
(C) Others (including rollovers)	2a(1)(C)	66948	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2225256

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4505	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4505

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1870406
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4100167

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	593547	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		593547
f Corrective distributions (see instructions)	2f		11148
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	71094	
(3) Investment advisory and management fees	2i(3)	7187	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		78281
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		682976

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3417191
l Transfers of assets:			
(1) To this plan.....	2l(1)		2155224
(2) From this plan	2l(2)		196984

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: REZNICK GROUP, P.C.

(2) EIN: 52-1088612

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
JOHN MARSHALL BANK 401K PLAN	26-3697300	001
ADMINISTAFF 401(K) PLAN	76-0178498	001
GENESIC SEMICONDUCTOR PROFIT SHARING PLAN	20-1151855	001

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>EMPLOYMENT ENTERPRISES, INC. 401(K)/PROFIT-SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMPLOYMENT ENTERPRISES, INC.</u>	D Employer Identification Number (EIN) <u>54-1487514</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>65-0708495</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

EMPLOYMENT ENTERPRISES, INC.
401(K)/PROFIT-SHARING PLAN

DECEMBER 31, 2009

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

We have audited the accompanying statements of net assets available for benefits of Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion of these financial statements.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2009 and 2008, and changes in net assets available for benefits for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held (at end of year) as of December 31, 2009 is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Reznick Group, P.C.

Vienna, Virginia
October 8, 2010

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

ASSETS		
	<u>2009</u>	<u>2008</u>
Investments, fair value		
Participant directed investments	\$ 9,302,174	\$ 4,288,880
Money market funds - unallocated	126,147	19,226
Participant loans	<u>138,757</u>	<u>70,046</u>
Total investments	<u>9,567,078</u>	<u>4,378,152</u>
Receivables		
Employee contributions	97,035	75,354
Employer contributions	<u>184,547</u>	<u>19,723</u>
Total receivables	<u>281,582</u>	<u>95,077</u>
Total assets	<u>9,848,660</u>	<u>4,473,229</u>
LIABILITIES		
Contributions refundable	<u>16,441</u>	<u>11,520</u>
Net assets available for benefits	<u><u>\$ 9,832,219</u></u>	<u><u>\$ 4,461,709</u></u>

See notes to financial statements

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2009

Additions to net assets attributed to	
Net appreciation in fair value of investments	\$ 1,870,405
Interest	<u>4,505</u>
Total investment income	<u>1,874,910</u>
Contributions	
Employee contributions	1,540,141
Employer contributions	618,167
Rollover contributions	<u>66,948</u>
Total contributions	<u>2,225,256</u>
Total additions to net assets	<u>4,100,166</u>
Deductions from net assets attributed to	
Benefits paid to participants	609,615
Administrative expenses	<u>78,281</u>
Total deductions from net assets	<u>687,896</u>
Increase before transfers	3,412,270
Transfer in to the plan (note 6)	2,155,224
Transfers out of the plan (note 6)	<u>(196,984)</u>
Net increase	5,370,510
Net assets available for benefits	
Beginning of year	<u>4,461,709</u>
End of year	<u><u>\$ 9,832,219</u></u>

See notes to financial statements

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan, established effective January 1, 1999 and restated January 1, 2008, is a defined contribution multiple employer plan designed to encourage and assist in providing a regular savings program for eligible employees of Employment Enterprises, Inc., its adopting affiliated companies (collectively referred to as the Company), and other participating employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Each of the affiliated companies that participate in the Plan set their own eligibility requirements from options in the plan agreement. The options for the service requirement are none, three months, six months, or one year; the options for the age requirement are none, having attained age 18, or having attained age 21. Participating employer groups specify their eligibility requirements in the individual adoption agreement.

Contributions

Participants may contribute from 1 percent to 80 percent of compensation, up to annual limitations as provided by the Internal Revenue Code. The Company, at its discretion, may contribute a matching contribution and/or profit sharing contribution on behalf of each participant. Other participating employer groups also may elect to contribute matching contributions and/or profit sharing contributions as specified in each individual adoption agreement.

Participant Accounts

Each participant's account is credited with the participant's elective deferral contribution, an allocation of the Company's or participating employer's contribution, if any, and an allocation of Plan earnings or losses and is charged with an allocation of and/or actual administrative fees. Contributions to participant accounts are allocated across a selection of investment options at the discretion of the participant. Allocations to each participant for the

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009

Company's or participating employer's contributions, Plan earnings and administrative fees are based on participant account balances or participant compensation, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately and fully vested in their participant elective accounts at all times. Unless specified otherwise in an individual adoption agreement, the Company and other participating employer contributions become vested ratably over five years of employment, beginning with the second year.

Payment of Benefits

On termination of service due to death, disability, or retirement, or attainment of age fifty-nine and one-half, participants are entitled to receive benefits. Distributions from the Plan may be deferred up until the normal retirement date. However, payments must begin no later than April 1st following the calendar year in which a participant attains age seventy and one-half years. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. In certain hardship situations, as described in the Plan, participants may withdraw all or part of their account balances while actively employed.

Forfeitures

Forfeitures are segregated by each participating employer. Forfeitures may be applied to pay Plan expenses, reduce any matching contributions, or reduce any profit sharing contributions. During 2009, forfeitures of \$26,680 were used to reduce employer contributions. As of December 31, 2009 and 2008, \$126,147 and \$19,226, respectively, of forfeitures remain unallocated.

Participant Loans

Each participant may borrow the minimum of \$1,000 up to a maximum of \$50,000 or 50 percent of his or her vested interest in the Plan, whichever is less. The term of the loans may not exceed five years, except for loans to purchase a primary residence, which may not exceed ten years. The loans are secured by the balances in each participant's account and bear interest at a reasonable rate of interest as determined by the plan administrator.

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared using the accrual basis, in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures. Actual results may differ from these estimates.

Investments

The Plan's investments consist of mutual funds held by various custodians. Shares of registered investment companies (mutual funds and money market funds) are recorded at fair value as determined by quoted market prices, which represents the net asset value of the shares held by the fund at year end. Participant loans are recorded at their outstanding balances, which approximates their fair value. Investment transactions are recorded on the trade date basis. Dividends are recorded on the ex-dividend date. Interest is recorded when earned.

Administrative Expenses

Administrative expenses are paid by the Plan.

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009

affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

In June 2009, the Financial Accounting Standards Board (FASB) issued the Accounting Standards Codification (Codification). Effective July 1, 2009, the Codification is the single source of authoritative accounting principles recognized by the FASB to be applied by non-governmental entities in the preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP). The Codification is intended to reorganize, rather than change, existing GAAP. Accordingly, all references to currently existing GAAP have been removed and have been replaced with plain English explanations of the Plan's accounting policies. The adoption of the Codification did not have a material impact on the Plan's financial statements.

Subsequent Events

Material subsequent events have been considered for disclosure and recognition in these financial statements through October 8, 2010.

NOTE 3 - FAIR VALUE

Accounting standards for fair value measurements clarify the principle that fair value should be based on the assumptions that market participants would use when pricing the asset or liability, and establishes the following fair value hierarchy:

- Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;
- Level 2 - Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable and fair value can be determined through the use of models or other valuation methodologies; and
- Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

Assets measured at fair value on a recurring basis:	Fair value	Level 1	Level 2	Level 3
Registered investment companies:				
International	\$ 2,176,006	\$ 2,176,006	\$ -	\$ -
Large-cap growth	83,903	83,903	-	-
Large-cap blend	2,296,773	2,296,773	-	-
Large-cap value	266,700	266,700	-	-
Money market funds	1,472,260	1,472,260	-	-
Mid-cap growth	218,975	218,975	-	-
Mid-cap blend	291,936	291,936	-	-
Small-cap growth	117,196	117,196	-	-
Small-cap blend	96,703	96,703	-	-
Bond Fund	1,830,933	1,830,933	-	-
Real estate	576,936	576,936	-	-
Participant loans	138,757	-	-	138,757
Total	<u>\$ 9,567,078</u>	<u>\$ 9,428,321</u>	<u>\$ -</u>	<u>\$ 138,757</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

Assets measured at fair value on a recurring basis:	Fair value	Level 1	Level 2	Level 3
Registered investment companies	\$ 4,308,106	\$ 4,308,106	\$ -	\$ -
Participant loans	70,046	-	-	70,046
Total	<u>\$ 4,378,152</u>	<u>\$ 4,308,106</u>	<u>\$ -</u>	<u>\$ 70,046</u>

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The description of the valuation methodologies used for instruments measured at fair value is included in note 2 under "Investment Valuation and Income Recognition."

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009

The table below sets forth a summary of changes in the fair value of the Plan's level three investments for the year ended December 31, 2009:

	December 31, 2008 fair value	Gains/losses included in investment income	Sales, issuances, maturities, settlements, calls, net	December 31, 2009 fair value
Participant loans	<u>\$ 70,046</u>	<u>\$ -</u>	<u>\$ 68,711</u>	<u>\$ 138,757</u>

NOTE 4 - INVESTMENTS

The Plan's investments are held by various custodians. The following table presents the fair market value of investments at December 31, 2009 and 2008. Investments that represent 5% or more of net assets are separately identified:

	December 31, 2009	December 31, 2008
Investments at fair value as determined by quoted		
Fidelity Adv. International Discovery A	\$ 835,798 *	\$ 587,786 *
SSGA S&P 500 Index Fund	-	232,795 *
T. Rowe Price New Asia	-	226,530 *
T. Rowe Price New Era	509,819 *	-
Vanguard Money Market Prime	1,472,255 *	377,579 *
Vanguard REIT Index Signal	576,842 *	-
Vanguard Short-Term Fed Admiral	1,430,139 *	375,023 *
Vanguard Total Stock Market Index	1,344,446 *	672,739 *
Other mutual funds	<u>3,259,022</u>	<u>1,835,654</u>
	9,428,321	4,308,106
Participant loans	<u>138,757</u>	<u>70,046</u>
Total investments at fair value	<u>\$ 9,567,078</u>	<u>\$ 4,378,152</u>

* Represents five percent or more of net assets available for benefits.

During 2009, the fair value of the Plan's participant-directed investments (including gains and losses on investments bought, sold, and held during the year) appreciated by \$1,870,405.

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company and other participating employer groups have the right under the Plan to suspend or discontinue contributions at any time and to terminate the Plan in whole or in part, subject to the provisions of ERISA. In the event of complete or partial Plan termination, the Trustees shall determine whether the assets of the Plan shall be liquidated and distributed or whether the assets shall continue to be held in trust and distributed in accordance with the terms of the Plan.

NOTE 6 - TAX STATUS

The Plan obtained its latest determination letter on February 23, 2009 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Plan management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 7 - PLAN TRANSFERS

In 2009, two new employers adopted the Plan. Employees of the new companies transferred assets totaling \$2,155,224 into the Plan.

In 2009, one of the participating employers established its own employee benefit plan. All investments belonging to the employees of the two companies totaling \$196,984 were settled and the cash received was transferred to the newly established plans.

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2009

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2009:

	December 31, 2009	December 31, 2008
Net assets available for benefits - financial statements	\$ 9,832,219	\$ 4,461,709
Add: Contributions refundable	<u>16,441</u>	<u>11,520</u>
Net assets available for benefits - Schedule H of Form 5500	<u>\$ 9,848,660</u>	<u>\$ 4,473,229</u>

The following is a reconciliation of benefit payments per the financial statements to Form 5500 for the year ended December 31, 2009:

Benefit payments per the financial statements	\$ 609,615
Add: 2008 Contributions refundable	11,520
Deduct: 2009 Contributions refundable	<u>(16,441)</u>
Employer contributions per Form 5500	<u>\$ 604,694</u>

SUPPLEMENTAL INFORMATION

Employment Enterprises, Inc. 401(k)/Profit-Sharing Plan

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD (AT END OF YEAR)

Form 5500 - Schedule H Part IV(i)

EIN 54-1487514, Plan 002

December 31, 2009

(a)	(b)	(c)	(d)
	Identity of issuer, borrower, lessor or similar party security	Description	Current value
	American Funds Capital World G & I R4	Registered investment company	\$ 272,366
	American Funds Growth Fund of America	Registered investment company	321,368
	American Funds New Perspective	Registered investment company	127,586
	American Funds Washington Mutual Fund R4	Registered investment company	419
	BlackRock Health Sciences Svc	Registered investment company	31,221
	Bridgeway Ultra-Small Company Mkt	Registered investment company	17
	DWS Dremam Small Cap Value A	Registered investment company	96,686
*	Fidelity Adv. Growth Opp T	Registered investment company	9
*	Fidelity Advisor Diversified Int'l A	Registered investment company	25
*	Fidelity Adv. International Discovery A	Registered investment company	835,798
*	Fidelity Daily Money Mkt	Registered investment company	5
	Hancock Classic Value A	Registered investment company	109
	Highmark NYSE Arca Tech 100 Index A	Registered investment company	52,254
	MFS Value	Registered investment company	139,005
	Neuberger Berman Partners Adv	Registered investment company	72,346
	SSGA S&P Index 500	Registered investment company	370,107
	T Rowe Price Mid Cap Growth	Registered investment company	218,975
	T. Rowe Price New Asia	Registered investment company	417,020
	T. Rowe Price New Era	Registered investment company	509,819
	TCW Galileo Value Opportunities I	Registered investment company	404
	Third Avenue Value	Registered investment company	105,736
	Vanguard European Index	Registered investment company	66,681
	Vanguard Inflation Protected Securities	Registered investment company	96,482
	Vanguard Intermediate-Term Bond Index	Registered investment company	177,278
	Vanguard Mid Cap Index	Registered investment company	760
	Vanguard Mid Cap Index Signal	Registered investment company	290,772
	Vanguard Money Market Prime	Registered investment company	1,472,255
	Vanguard REIT Index	Registered investment company	94
	Vanguard REIT Index Signal	Registered investment company	576,842
	Vanguard Short-Term Fed	Registered investment company	8
	Vanguard Short-Term Federal Admiral	Registered investment company	1,430,139
	Vanguard Small Cap Growth Index	Registered investment company	117,196
	Vanguard Total Bond Index	Registered investment company	127,026
	Vanguard Total Int'l Stock Index	Registered investment company	157,012
	Vanguard Total Stock Market Index	Registered investment company	55
	Vanguard Total Stock Market Index Signal	Registered investment company	1,344,446
*	Participant loans	Interest rates ranging from 5.25% to 9%	138,757
			<u>\$ 9,567,078</u>

* Represents a party-in-interest as defined by ERISA

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

EMPLOYMENT ENTERPRISES RETIREMENT SAVINGS PLAN

EIN #: 54-1487514

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date rate of interest, collateral, par, or maturity value	(d) cost	(e) Current value
	Fidelity Funds	FAIDX - Fidelity Advisor Int'l Discovery A		835,783
	Fidelity Funds	FDAXX - Fidelity Daily Money Mkt		6
	DWS Funds	KDSAX - DWS Dreman Small Cap Value A		96,686
	MFS Funds	MEIAX - MFS Value		139,003
	Neuberger & Berman Funds	NBPBX - Neuberger Berman Partners Adv		72,341
	Highmark Funds	PPTIX - Highmark NYSE Arca Tech 100 Index A		52,254
	T Rowe Price Funds	PRASX - T Rowe Price New Asia		417,024
	T Rowe Price Funds	PRNEX - T Rowe Price New Era		509,809
	American funds	RGAX - American Growth Fund Of America CI R4		321,366
	American funds	RNPEX - American Funds New Perspective		127,584
	T Rowe Price Funds	RPMGX - T Rowe Price Mid Cap Growth		218,975
	American funds	RWIEX - American Captial World Growth & Inc R4		272,364
	American funds	RWMEX - American Funds Washington Mutual Fund R4		419
	BlackRock Funds	SHISX - BlackRock Health Sciences Svc		31,208
	SSga Funds	SVSPX - SSgA S&P Index 500		370,141
	Third Avenue Funds	TAVFX - Third Avenue Value		105,691
	TCW Galileo Funds	TGVOX - TCW Galileo Value Opportunities I		407
	Vanguard Funds	VBIX - Vanguard Intermediate-Term Bond Index		177,278
	Vanguard Funds	VBMTX - Vanguard Total Bond Index		127,026
	Vanguard Funds	VEURX - Vanguard European Index		66,689
	Vanguard Funds	VGRSX - Vanguard REIT Index Signal		576,848
	Vanguard Funds	VGSIX - Vanguard REIT Index		94
	Vanguard Funds	VGTSX - Vanguard Total Intl Stock Index Fund		157,011
	Vanguard Funds	VIMSX - Vanguard Mid Cap Index		760
	Vanguard Funds	VIPSX - Vanguard Inflation Protected Secs		96,471
	Vanguard Funds	VISGX - Vanguard Small Cap Growth Index		117,196
	Vanguard Funds	VMISX - Vanguard Mid Cap Index Signal		290,772
	Vanguard Funds	VMMXX - Vanguard Money Market Prime		1,472,681
	Vanguard Funds	VSGBX - Vanguard Short-Term Fed		9
	Vanguard Funds	VSGDX - Vanguard Short-Term Federal Admiral		1,430,131
	Vanguard Funds	VTSMX - Vanguard Total Stock Market Index		55
	Vanguard Funds	VTSSX - Vanguard Total Stock Market Index Signal		1,344,238
	Participant Loans	4.25% - 8.75%		138,757